



Civilian Medical Resources Network
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Hi again,

We hope you're doing ok or better during these challenging times and this sometimes challenging holiday season.

It's the season for our only annual fundraising message. A summary of this year's developments follows below.

Please support our work as you can, and as always thank you for your consideration.

Our website (<http://civilianmedicalresources.net>) (suggestions welcome) contains updated information about our efforts, information on how to volunteer, links to our recent article in *Military Medicine* and a summary of it, and a clickable button to make tax-deductible donations.

If you prefer, you can send a check to the above mailing address. If you do send a check, please make it out to the Allende Program in Social Medicine, the 501(c)(3) organization that processes donations, and indicate that the contribution should go to the Civilian Medical Resources Network.

2018 in brief:

An article that reports our research team's efforts to understand the characteristics and experiences of more than 200 clients who sought help from the Civilian Medical Resources Network (CMRN) appeared in the May 2018 edition of *Military Medicine*, the most widely read and influential journal about military health and mental health services. A press release, distributed by the publisher (Oxford University Press) and us on February 21, 2018, announced the article's on-line publication and described the study for the media. Links to the abstract of article and the press release appear on our

website above; although the full article was open access for about a month, it isn't now, so please let us know at the email address above if you'd like a PDF version. The article led to a surprising amount of media coverage and reactions from organizations of veterans and active duty GIs (one is Dysfunctional Veterans Radio, which attracts thousands of listeners; an interview that Howard gave with the veteran who directs this effort appears at <https://player.fm/series/dv-radio-2361443/doctor-howard-waitzkin-interview-04-21-2018>). As one of the rare articles from civilian providers ever published in *Military Medicine*, our work has created more understanding about the injuries of war, the increasing need for improved services, and the importance of peaceful approaches to conflict resolution.

During the last 14 years, CMRN has offered medical and mental health services for active duty GIs and for some veterans who can't access the Veterans Administration (VA). We do this work when military health and mental health services are inaccessible or unresponsive to service members' needs. The work has proven helpful and sometimes life-saving for those who feel they have nowhere else to turn. Our health care professionals work as volunteers and provide services without charge. As in previous years, many of our clients are Absent Without Leave (AWOL), so they are ineligible for any military health services or insurance benefits.

Some new challenges and creative efforts have taken place recently. Due to events beyond our control, mainly illness, several volunteer mental health professionals have had to leave the network after helping many clients and making other important contributions to our work. We wish them the best and are very grateful. Despite these losses, we continue to help one to three new clients a week. We usually provide services to them over several months and sometimes for more than a year. To compensate for the drop in number of therapists, we have implemented an approach to some cases using the well established promotor/a/ community health worker model of community care. In this model, veterans or family members of veterans do the intake interviews and provide counseling under the supervision of licensed clinicians. Other challenges have included frequent suicidality, military sexual trauma, undiagnosed problems such as traumatic brain injury, prejudice and discrimination against immigrants including deportation of military clients recruited outside the United States, and widespread stigmatization of mental health disorders. We continue to push against the increasing use of diagnoses such as personality disorder and adjustment disorder, which are considered pre-existing conditions and therefore disqualify soldiers from needed services and benefits for service-related PTSD and severe depression, even when these disorders arise from traumatic experiences in the military. As we write, we are dealing with several traumatized GIs who have received diagnoses of adjustment disorder, disqualifying them from needed services and benefits.

Suicides continue to occur at a very high rate among GIs and vets. Currently an average of one active duty service member and over 20 veterans commit suicide every day. Rates among veterans who cannot access VA services continue to rise with no solution in sight. For example, suicide rates among female-identifying veterans who cannot access VA services have risen 98% since 2001 according to a 2017 report released by the Department of Veteran Affairs. More service members continue to die from suicide than from combat. To our knowledge, even though about half of our clients are suicidal at intake, during 14 years there has been only one death among our clients – a very unfortunate situation when a mentally ill client was killed by local police who had received inadequate training. In our follow up efforts, we know of no suicide that has occurred among our clients, despite their high rate of suicidality at intake.

Financial contributions, including sustaining donations from a number of us who provide services, help us hire veterans and family members of veterans to do outreach for active duty GIs. Our current coordinator, based near Fort Hood in Texas, is the partner of an Iraq veteran. One of our most active and effective volunteer “community health workers” is a retired Marine whose own PTSD arose from combat experiences during multiple deployments. Others among our former clients have volunteered with CMRN and/or have gone on to find careers in clinical social work and other roles that allow them to provide mental health services. Many of us who volunteer also collaborate actively with Iraq Veterans Against the War/ About Face, Veterans for Peace, the GI Rights Hotline, the Center on Conscience & War, and other key organizations striving for peace.

The United States armed forces continue to fight “endless war” at home and abroad, usually experienced as invisible by most people who don’t face the need to enlist in order to find jobs or educational opportunities. We hope to strengthen our work on behalf of service members who can’t get their needs met in the military or VA. Through military operations in Korea, Afghanistan, Iraq, Libya, Syria, Yemen, Somalia, and elsewhere, the epidemic of physical and mental health problems and suicides among active duty service members and veterans continues to worsen. Endless war dehumanizes and separates service members from the rest of humanity, keeping them from finding a fulfilling community to return to once they are no longer in combat. Increased militarization of private police and security forces at home further enforces a warlike attitude. For these and other reasons, we believe that the need for civilian-sector services will continue to grow. Because we have been able to help many service members with such grave problems, we find our work very gratifying. By offering a different outlook for underserved populations, we continue to see this work as a step toward peace with justice.

Thank you very much for your support and consideration.

As always, we send you good wishes for the holiday season, the new year, and beyond, as well as hopes for our continuing mutual support and a better, more peaceful world.

Sincerely yours,



Laura Muncy
Coordinator



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Director, Civilian Medical Resources Network
Distinguished Professor Emeritus, University of New Mexico